



**INTERLOCAL M/WBE CONSORTIUM
RE-CERTIFICATION APPLICATION**

Minority/Women Business Enterprise Data Sheet

(INSTRUCTIONS: Please complete this form in its entirety. If a question does not apply to your business, mark "N/A" in the space provided. If you do not have sufficient space to answer a question completely, attach additional sheets as necessary and reference the appropriate letter. Unanswered questions may be reason for denial.)

- A. Name of Firm: _____
Owner of Firm: _____
Primary Contact: _____
Street Address: _____ City _____ State _____ Zip _____
Mailing Address (If Different): _____
Phone Number: (____) _____ Fax: (____) _____
E-Mail Address: _____ Web Site Address: _____
- B. MBE/WBE Status (Please check only one and indicate percentage amount):
[] African/Black American [] Native American Indian
[] Hispanic American [] Non-Minority Woman
[] Asian American
- C. Federal Tax I.D./EIN No. or Social Security No. of Owner: _____
- D. Type of Firm (Check one): [] Sole Proprietorship [] Corporation [] Partnership
- E. Nature of Business: Has the nature of your business changed? Yes [] No []
If yes, please specify major services/products changes:

- F. Number of full-time employees: _____ Number of part-time employees _____
- G. Annual Gross revenue last year: \$ _____ H. Net worth of firm: \$ _____

Name of Business_____

- I. **Licenses Required to Conduct Business:** Attach copies of any required local, county and state active business occupational/professional license(s) and permits(s) , i.e. contractors, PUC, A&E, HVAC,, registration , etc. For each license/permit attached indicate

Name of Licensing Entity	Name of Licensee/Qualifying Individual	Type of Licensee	% of Ownership	Minority Status	Date of Expiration

- J. **Has the business ownership or percentage of ownership changed since the last certification?** Yes [☐] No [☐]

If so, below list the current owners' names and percentage of ownership

Name	Sex	Ethnic Group	% Owned

- K. **Has the duties and responsibilities of the Directors, Officers and/or Managers who participate in day to day management of the business changed?** Yes [☐] No [☐]

If so, list the name of Directors, Officers and Managers who participate in day to day management of the firm, their titles, duties and responsibilities that have changed

Name	Title	Duties & Responsibilities

- L. **Has a governmental entity denied MBE certification to your firm during the past year ?**

Yes [☐] No [☐]

If yes, please identify the governmental entity and location:

- M. **Changes:** State any changes that have occurred since the last certification. (location, legal form of business, ownership and management, etc)

Name of Business _____

AFFIDAVIT

The undersigned does hereby swear that the foregoing statements and attachments are true, accurate and include all information requested to completely identify and explain the ownership, control and operation of _____ (Name of Enterprise) and that none of the information supplied was for the purpose of misrepresenting the matters stated.

It is recognized and acknowledged that the statements herein are being given under oath and any misrepresentation may be grounds for terminating any contract awarded in reliance hereon and may be grounds for disqualification of the firm for other contracts. It is further recognized and acknowledged that MBE Certification with the City of Tallahassee will automatically terminate by the sale, exchange, or transfer of ownership of the business by minority/women group members. The undersigned further agrees to immediately report all sales, exchange or transfer of ownership to the City of Tallahassee MBE Office.

It is further recognized and acknowledged that falsifying or misrepresenting any information or document furnished to the City of Tallahassee may result in the revocation or denial of MBE Certification of the above named minority business and/or any other minority business in which owner(s) have an interest. In addition, it may also result in the barring of any business in which such owner(s) have an interest from performing any contracting or procurement business with the City of Tallahassee.

By submitting this application the above named firm hereby agrees to furnish all documents/records and other information which at any time may be requested by the City of Tallahassee in order to review, investigate or to confirm the minority status of the business or owner(s) for Certification as a minority business. Any failure to comply with such a request shall be grounds for denial or revocation of Certification of the business.

I do solemnly declare and affirm under penalty of applicable state and federal laws of perjury that the statement furnished herein and the documents herewith are true and correct, and that I am authorized, on behalf of the above firm, to make this affidavit.

Signature _____

Title _____

On this ____ day of _____, 20____ before me appeared _____ to me personally known, who being duly sworn, did execute the foregoing affidavit, and did state that he/she was properly authorized by (Name of Firm) _____ to execute the affidavit and did so as a free act and deed.

Notary Public _____

My Commission Expires _____

Name of Business_____

Recertification Document Checklist

Name of Firm:_____

The following items are to be forwarded to the Office of Minority Business Enterprise as documentation. Failure to comply with this request may result in certification denial.

_____ (a) Documentation of License(s) to do Business (Occupational, Professional, Etc.)

_____ (b) Certificate showing the type of insurance and coverage limitation held by the firm

_____ (c) Copies of other City, State & Federal MBE/WBE Certification(s)

_____ (d) Signed Copy of Prior Year Business Tax Return

_____ (e) Copies of Firm's Stock Certificate(s) and Stock Transfer Agreement(s) (if there have been any changes)

Please Note:

If there is a change in ownership or control of the business, or if you propose to provide additional services not listed previously, the MBE Office must be contacted and a new Certification Application completed. Furthermore, the MBE office must be notified of any business name, address or phone number changes so that we have the most up to date information available concerning your business. Failure to report such changes may constitute grounds for cancellation of this certification

THIS CERTIFICATION IS VALID FOR ONE (1) YEAR

Please return Application to:
City of Tallahassee MBE Office, 300 S. Adams Street,Mailbox A-11,Tallahassee, FL 32301, (850) 891-8184
[OR]
Leon County M/WBE Office, 2284 Miccosukee Rd., Tallahassee, FL 32308, (850) 488-7509

FOR MBEO USE ONLY:

Date Reviewed: _____

Type: _____

Approved By:_____

Not Approved By: _____